

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100050050-7



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REPORTS INVENTORY					CONTROL NO.		
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT		
ANNUAL DOLLAR VALUE REPORT					<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING		
3. FUNCTIONAL AREA		<input type="checkbox"/> PERSONNEL <input checked="" type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
1		ANNUAL			1		
7. FORMAT (memorandum, form, computer print-out, etc.)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
FORM		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> IF YES GIVE ADP PROCESSING NO. <input type="checkbox"/> STAT		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
OCS/Logistics				--			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$ 250.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
STAT Office of Logistics requirement <input type="text"/>							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain)	
						MAN-HOURS -0-	
						DOLLARS -0-	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
20 Oct 1970		Logistics Officer, OCS					